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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33743

Registration District No. 282

Primary Registration District No. 4424

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Humansville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 53 years (years, months or days)

3. (a) PRINT FULL NAME NANCY JANE White

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William B. White 6. (c) Age of husband or wife if alive 90 years  
7. Birth date of deceased Dec. 14 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 10 11 hr. min.

9. Birthplace Fremont Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Eli Jaring  
13. Birthplace Fremont Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Paul  
15. Birthplace Fremont Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Della Hinner  
(b) Address Humansville Mo

17. (a) Burial (b) Date thereof Oct 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Humansville Cem.

18. (a) Signature of funeral director E.H. Hinner  
(b) Address Humansville, Mo.

19. (a) Oct 27, 1948 (b) Ralph Gorden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Humansville 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
year 1948 hour 5 minute 10 A.M.  
21. I hereby certify that I attended the deceased from Oct 1  
1948, to Oct 25, 1948  
that I last saw her alive on Oct 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile  
chronic myocarditis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 938  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 2  
While at work? \_\_\_\_\_

23. Signature D. E. Brown or other? no  
Address Callins Mo. Date signed 10-25-48

RECEIVED  
District Health Officer No. 7,  
District File Number 10-48-1271  
Date Filed 11-2-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William H. Northrop....., Registered Apprentice No. 247  
working under my personal supervision.

Signed.....E. H. Rimmer.....

Licensed Embalmer No. 4282

P. O. Address Humansville, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**